

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8901**

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>157</b>  |  | PRIMARY REG. DIST. NO. <b>4218</b>  |  | Registrar's No. <b>143</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b> |  |   |  |
| b. CITY OR TOWN <b>Windsor</b>  |  | c. LENGTH OF STAY (in this place) <b>50 years</b>  |  | c. CITY OR TOWN <b>Windsor</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>   |  |  |  | e. STREET ADDRESS (If rural, give location) <b>700 S. Tebo</b>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>MARY</b>   |  | b. (Middle) <b>ANN</b>   |  | c. (Last) <b>HALL</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>March 27, 1956</b>   |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>white</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>   |  | 8. DATE OF BIRTH <b>Dec. 12, 1875</b>   |  |
| 9. AGE (In years last birthday) <b>80</b>   |  | 10. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>Morris Baker</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Sarah Prince</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>J. G. Hall</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |  | 16. SOCIAL SECURITY NO. <b>none</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. G. Hall, Windsor, Mo.</b>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5</b>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4222</b>   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 19, 1956</b> to <b>March 27, 1956</b> , that I last saw the deceased alive on <b>March 27, 1956</b> and that death occurred at <b>6:15 a.m.</b> , from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <b>Russ Jordan M.D.</b>  |  |  |  | 23b. ADDRESS <b>Windsor Mo.</b>   |  | 23c. DATE SIGNED <b>3-29-56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>   |  | 24b. DATE <b>3-29-56</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>  |  |
| DATE REC'D BY LOCAL REG. <b>3-30-56</b>   |  | REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Huston Turner Windsor, Mo.</b>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10. 48

SEP 17 1987

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William M. Turner*

Licensed Embalmer No. *464*

P. O. Address *Windsor Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.